



SENIOR REBATE
 CITY OF AUBURN
 APPLICATION FOR UTILITY **REBATE**
 2010/2011
 ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

1. The undersigned is the head of household receiving water, sewer, storm water and/or garbage service at the address indicated below.
2. The undersigned is at least 62 years of age, or is permanently and totally disabled.

Over 62 Years of Age or Disabled
3. The undersigned is **NOT** receiving additional utility allowances or rent subsidies from another governmental agency (i.e.: HUD, King County Housing, Section 8, etc.).
4. There are _____ residents in the household claiming the exemption, and
5. That for the previous *calendar year (2009)*, the combined total income from all sources of *all such residents living in the household* was \$ _____/year.

Proof of all 2009 incomes must be confirmed by authorized City Personnel, such as, most recent income tax return, social security annual statement, or annual retirement statement.

In order to qualify for our annual rebate, applicants **NOT** paying the City **directly** for water, sewer, storm or garbage must provide the following documentation: Receipts showing payments for these utilities from *May 1st, 2009 through April 30th, 2010* (receipts must reflect which utilities were paid). Rent receipts showing proof of residency from *May 1st, 2009 through April 30th, 2010* or documentation provided by the property manager.

Date: _____ Date of Birth: _____

Applicant: _____ Phone Number: _____

Address: _____ Zip Code: _____

Name of Apartment/Park: _____ Apartment/Park Phone Number: _____

Driver's license # or ID Card #: _____

Signature: _____

| FOR OFFICE USE ONLY | | |
|---|--|----------------------|
| Date Received: _____ | Approved By: _____ | Date Approved: _____ |
| Received By: _____ | Denied By: _____ | Date Denied: _____ |
| Received At/By: _____ Counter/Mail/Fax/Senior Center | Reason Denied: _____ | |
| | # of Months Approved for Rebate: _____ | |

Persons applying for the disability reduction must complete the form on the back of this application. **(Including doctor's signature, subject to verification).**

Income Limits for 2009 Income:
One Person: \$29,500 Two People: \$33,700 Three People: \$37,950

SENIOR REBATE
CITY OF AUBURN
AFFIDAVIT FOR CLAIM OF DISABILITY
APPLICATION FOR UTILITY **REBATE**
2010/2011
ORDINANCE NO. 5361

The undersigned certifies, subject to the penalties of perjury, that:

The applicant is the head of household receiving Water, Sewer, Storm water and/or Garbage service at the address listed below.

The applicant meets the following criteria for receiving the exemption for utility services:

The applicant is totally and permanently disabled in that the individual has lost both legs or arms or one leg and one arm, or total loss of eyesight, or is paralyzed or suffering from some other condition permanently incapacitating the applicant from ever performing any work at any gainful occupation.

APPLICANT NAME: _____

ADDRESS: _____

TELEPHONE: _____

APPLICANT SIGNATURE: _____

PHYSICIAN SIGNATURE: _____ / _____
(REQUIRED EACH YEAR) Physician Signature Date

PHYSICIAN TELEPHONE NUMBER: _____